

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

34430

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 1170  
 ? Township Central Primary Registration District No. 62484  
 ? City St. Louis (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lavenue Schmidt  
 (a) Residence, No. 3333 7 11th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25th 1933</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
13. NAME <u>John Schmidt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
15. MAIDEN NAME <u>Mary Horogratz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
17. INFORMANT (ADDRESS) <u>Mary Horogratz</u> <u>3333 7 11th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Oct 24th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Edward Koch</u> <u>3566 4 14th St</u>		
20. FILED <u>10/24 1933</u> <u>Gertrude Porter</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 10 - 13, 1933, to 10 - 23, 1933  
 I last saw him alive on 10 - 22, 1933 Death is said to have occurred on the date stated above, at 1:00 pm.  
 The principal cause of death and related causes of importance were as follows:  
lobar pneumonia  
R. U. R.  
multiple abscess  
of lung - liver and  
medial ear (bilateral)  
 Other contributory causes of importance:  
prematurity  
toxemia  
diarrhea  
 Name of operation none Date of operation \_\_\_\_\_  
 What test confirmed diagnosis? pathological Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Peter J. Horogratz D.  
 (Address) St. Mary's Hospital

